## OF ORREST

## EXPENSE BUDGET TRANSFER COUNTY OF ORANGE

## INSTRUCTIONS:

- \* This form should be used for all Expense Budget transfers WITHIN THE SAME FUND/AGENCY.
- \* All areas must be filled out completely.
- \* Coding must be verfied for completeness.
- \* County Executive Office approval is required for transfers only if appropriations are transferred from salaries and/or employee benefits.

					WHOLE DOLLARS ONLY		
FUN	ID AGCY	ORG	ACTV	OBJ	DECREASE	INCREASE	DESCRIPTION
	<u> </u>	l	т	OTALS			
EXPL	ANATION:		<u> </u>	017.20			
							EXPENSE BUDGET INPUT:
_	NAME OF ORIGINATING DEPT/AGENCY					AGENCY CODE	DAVID E. SUNDSTROM, Auditor-Controller
							BY
_	NAME OF CONTACT PERSON					PHONE NUMBER	DEPUTY DATE
_	E-MAIL ADDRESS OF CONTACT PERSON						
BY _							
_	DEPARTMENT/AGENCY AUTHORIZED SIGNATURE				SNATURE I	DATE	
CEO A	.PPROVAL (Tr	anefere fr	om Salarie	s/Renefits	only):		(FOR AUDITOR-CONTROLLER USE ONLY)
	NO TAE (11		J.II Galario	-, <b>-</b> 0.101110			TRANSACTION NUMBER:
BY _							
	COUNTY EX	ECUTIVE	OFFICE AF	PPROVAL	I	DATE	
							1